

Compliance Statement
Licensed Group Child Care Centers

TO FILE A COMPLAINT, CALL: (920) 785-7811

Use of Form Completion of this form meets the requirements of ch. 48, Wis. Stats., and provides the licensee with a summary of the results of the licensing visit.

Instructions - Licensing Specialist When no violations are observed during a visit, check the sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, and subdivisions that were completed.

Instructions - Licensee Post the Compliance Statement near the license in accordance with s.48.657, Wis. Stats. Please take a few minutes to complete the DCF customer satisfaction survey and tell us about your visit experience. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. Follow this link to provide your feedback: <https://www.surveymonkey.com/r/LicenseFeedback>. If you don't have Internet access, contact your licensing office for a paper version of the survey.

| | | | |
|---------------------------------|--|------------------------------------|------------------------|
| Facility Name Ram Child Care | Facility Address (Street, City, State, Zip Code) 605 Random Lake RD Random Lake, WI 530751646 | Telephone Number (920) 447-3066 | Facility ID 2000042 |
|---------------------------------|--|------------------------------------|------------------------|

NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS LICENSING VISIT.

The following checked items indicate the sections and / or partial sections of the administrative code that were monitored on this visit.

| | | | |
|-------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Operational requirements Terms, administration, report, parent, child records, confidentiality, report abuse | <input checked="" type="checkbox"/> | Staff Development |
| <input checked="" type="checkbox"/> | Physical plant and equipment Building, protective measurements, fire, water, indoor, washrooms, outdoor, and emergency | <input checked="" type="checkbox"/> | Program Planning, child guidance, equipment, snacks |
| <input type="checkbox"/> | Transportation N/a | <input type="checkbox"/> | Infant and toddler care |
| <input type="checkbox"/> | Care of school-age children Supervision Snacks | <input type="checkbox"/> | Night care N/a |

| | | |
|--|------------------------|-------------------------|
| Licensing Specialist Name Amanda Holz | Visit Date 2/7/2024 | Issue Date 2/12/2024 |
|--|------------------------|-------------------------|